

Express Mail No: EL 964154225 US

IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE

Application Number:

Applicants:

William I. Stopperan and Troy M. Bryan

Filed:

November 4, 2003

Title:

Novel Identification Method and Apparatus

TC/A.U:

Examiner:

Assignee:

Western Pathology Consultants, Inc.

Attorney Docket:

WPCI-Nonprov

Customer No.:

33549

EXHIBIT B
(Consisting of 4 pages)



SPECIMEN ID NO.

30512491

10101 Ranner Blvd • Lenexa, KS 66219
(800) 728-4064 for Client Services

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. ACCOUNT #: 4666
WPC1/CITY OF GERING
1025 P STREET
GERING NE 69361

PH: 388-632-7411 FX: 388-632-6727

B. MRO Name, Address, Phone and Fax No.

A.A. ARMSTRONG, JR., M.D.
WESTERN PATHOLOGY
1321 BROADWAY
PH: 388-632-7411 FX: 388-632-6727
SCOTTSSBLUFF NE 69361
PH: 388-632-7411 FX: 388-632-6727

C. Donor SSN or Employee I.D. No.

D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident

☐ Return to Duty ☐ Follow-up ☐ Other (specify)

E. Drug Tests to be Performed: ☐ THC, COC, PCP, OPI, AMP

☐ THC & COC Only

☐ Other (specify)

F. Collection Site Address:

WPC1
1321 BROADWAY
SCOTTSSBLUFF, NE 69361

Collector Phone No. 888 682 - 5176

Collector Fax No.

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Forensic requirements.

X Signature of Collector

Time of Collection AM PM

(PRINT) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

X Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PRIMARY LABORATORY

☐ NEGATIVE

☐ POSITIVE for:

☐ MARIJUANA METABOLITE

☐ CODEINE

☐ AMPHETAMINE

☐ ADULTERATED

☐ DILUTE

☐ COCAINE METABOLITE

☐ MORPHINE

☐ METHAMPHETAMINE

☐ SUBSTITUTED

☐ REJECTED FOR TESTING

☐ PCP

☐ 6-ACETYLMORPHINE

☐ INVALID RESULT

REMARKS

TEST LAB (if different from above)

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Forensic requirements.

X Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: SPLIT SPECIMEN TEST RESULTS - (IF TESTED) COMPLETED BY SECONDARY LABORATORY

Laboratory Name

Laboratory Address

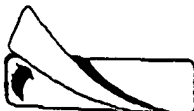
☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Forensic requirements.

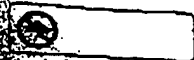
X Signature of Certifying Scientist

(PRINT) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)



Peel on an upward angle across form.



Peel seal directly across form.



30512491
SPECIMEN ID NO.

A

30512491
PLACE
OVER
CAP

SPECIMEN BOTTLE
SEAL

Date (Mo./Day/Yr.)

Donor's Initials



30512491
SPECIMEN ID NO.

B (SPLIT)

30512491
PLACE
OVER
CAP (SPLIT)

SPECIMEN BOTTLE
SEAL

Date (Mo./Day/Yr.)

Donor's Initials

Instructions for Completing the Forensic Drug Testing Custody and Control Form

- A. Collector ensures that the name and address of the drug testing laboratory appear on the top of the CCF and the Specimen I.D. number on the top of the CCF matches the Specimen I.D. number on the label/seal.
- B. Collector provides the required information in STEP 1 on the CCF. The collector provides a remark in STEP 2 if the donor refuses to provide his/her SSN or Employee I.D. number.
- C. Collector gives a collection container to the donor for providing a specimen.
- D. After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the temperature is outside the acceptable range.
- E. Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If it is an observed collection, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required.
- F. Donor watches the collector pouring the specimen from the collection container into the specimen bottle(s), placing the cap(s) on the specimen bottle(s), and affixing the label(s)/seal(s) on the specimen bottle(s).
- G. Collector dates the specimen bottle label(s) after they are placed on the specimen bottle(s).
- H. Donor initials the specimen bottle label(s) after the label(s) have been placed on the specimen bottle(s).
- I. Collector turns to Copy 2 (MRO Copy) and instructs the donor to read the certification statement in STEP 3 and to sign, print name, date, provide phone numbers and date of birth after reading the certification statement. If the donor refuses to sign the certification statement, the collector provides a remark in STEP 2 on Copy 1.
- J. Collector completes STEP 4 (i.e., provides signature, printed name, date, time of collection, and name of delivery service), immediately places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, releases specimen package to the delivery service, and distributes the other copies as required.

LabOne

UPCI/CITY OF GERING PH: (308)632-7411
FX: (308)632-6727



DOT

10101 Renner Blvd - Laneta, KS 66219
(800) 726-4064 for Client Services

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. UPCI/CITY OF GERING 1025 P STREET GERING NE 69361 PH: 308-632-7411 FX: 308-632-6727		B. MRO Name, Address, Phone and Fax No. A.A. ARMSTRONG, JR., M.D. WESTERN PATHOLOGY 1321 BROADWAY PH 308-632-7411 FX 308-632-6727 SCOTT SBLUPF NE 69361 PH: 308-632-7411 FX: 308-632-6727	
C. Donor SSN or Employee I.D. No. [] [] [] [] [] [] [] [] []			
D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____			
E. Drug Tests to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____			
F. Collection Site Address: _____			
Collector Phone No. _____		Collector Fax No. _____	

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____
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REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

<input checked="" type="checkbox"/> Signature of Collector _____ (PRINT) Collector's Name (First, MI, Last)	Time of Collection _____ Date (Mo./Day/Yr.)	SPECIMEN BOTTLE(S) RELEASED TO: _____ Name of Delivery Service Transferring Specimen to Lab
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RECEIVED AT LAB: <input checked="" type="checkbox"/> Signature of Accessioner _____ (PRINT) Accessioner's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____	Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below _____	SPECIMEN BOTTLE(S) RELEASED TO: _____
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STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PRIMARY LABORATORY

<input type="checkbox"/> NEGATIVE <input type="checkbox"/> DILUTE <input type="checkbox"/> REJECTED FOR TESTING	<input type="checkbox"/> POSITIVE for: <input type="checkbox"/> MARIJUANA METABOLITE <input type="checkbox"/> COCAINE METABOLITE <input type="checkbox"/> PCP	<input type="checkbox"/> CODEINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> 6-ACETYLMORPHINE	<input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> METHAMPHETAMINE	<input type="checkbox"/> ADULTERATED <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> INVALID RESULT
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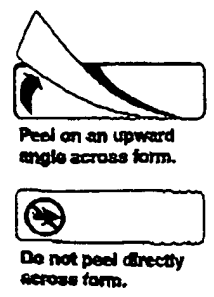
REMARKS _____

TEST LAB (if different from above) _____
I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

<input checked="" type="checkbox"/> Signature of Certifying Scientist _____ (PRINT) Certifying Scientist's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____
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STEP 5b: SPLIT SPECIMEN TEST RESULTS - (IF TESTED) COMPLETED BY SECONDARY LABORATORY

Laboratory Name _____ Laboratory Address _____	<input type="checkbox"/> RECONFIRMED <input type="checkbox"/> FAILED TO RECONFIRM - REASON _____ I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.
<input checked="" type="checkbox"/> Signature of Certifying Scientist _____ (PRINT) Certifying Scientist's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____



SPECIMEN ID NO. 20562825

A

20562825
PLACE OVER CAP

SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.) _____

Donor's Initials _____



SPECIMEN ID NO. 20562825

B (SPLIT)

20562825
PLACE OVER CAP

SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.) _____

Donor's Initials _____

Instructions for Completion of the Federal Drug Testing Capacity and Control Form

- A. Collector ensures that the name and address of the drug testing laboratory appear on the top of the CCF and the Specimen I.D. number on the top of the CCF matches the Specimen I.D. number on the labels/seals.
- B. Collector provides the required information in STEP 1 on the CCF. The collector provides a remark in STEP 2 if the donor refuses to provide his/her SSN or Employee I.D. number.
- C. Collector gives a collection container to the donor for providing a specimen.
- D. After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the temperature is outside the acceptable range.
- E. Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If it is an observed collection, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required.
- F. Donor watches the collector pouring the specimen from the collection container into the specimen bottle(s), placing the cap(s) on the specimen bottle(s), and affixing the label(s)/seal(s) on the specimen bottle(s).
- G. Collector dates the specimen bottle label(s) after they are placed on the specimen bottle(s).
- H. Donor initials the specimen bottle label(s) after the label(s) have been placed on the specimen bottle(s).
- I. Collector turns to Copy 2 (MRO Copy) and instructs the donor to read the certification statement in STEP 5 and to sign, print name, date, provide phone numbers and date of birth after reading the certification statement. If the donor refuses to sign the certification statement, the collector provides a remark in STEP 2 on Copy 1.
- J. Collector completes STEP 4 (i.e., provides signature, printed name, date, time of collection, and name of delivery service), immediately places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, releases specimen package to the delivery service, and distributes the other copies as required.

Privacy Act Statement (For Federal Employees Only)

Submission of the information on the attached form is voluntary. However, incomplete submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment/appointment or may result in removal from the Federal service or other disciplinary action. The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12564 ("Drug-Free Federal Workplace"), 5 U.S.C. & 7301 (2), 5 U.S.C. & 7301, and Section 503 of Public Law 100-71, 5 U.S.C. & 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer, the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action. Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited, pursuant to Executive Order 9197, for purposes of associating information in agency files relating to you and purposes of identifying the specimen provided for urinalysis testing for illegal drugs. If you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to process the specimen.

In the event laboratory analysis determines the presence of one or more illegal drugs in the specimen you provide, you will be contacted by an agency Medical Review Officer (MRO). The MRO will determine whether there is a legitimate medical explanation for the drug(s) identified by urinalysis.

Paperwork Reduction Act Notice (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information is estimated for each respondent to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/laboratory; and 3 minutes/Medical Review Officer. Federal employees may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to the SAMHSA, Reports Clearance Officer, Paperwork Reduction Project (0430-0158), Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158.